

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INJECTION SYSTEMS, the specification of which:

- ☐ is attached hereto.
☒ was filed on November 30, 2001 as Application Serial No. 10/007,061 and was amended on _____
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

| U.S. Serial No. | Filing Date | Status |
|---------------------|-------------|-----------|
| U.S.S.N. 60/250,410 | 11/30/2000 | Abandoned |
| U.S.S.N. 60/250,425 | 11/30/2000 | Abandoned |
| U.S.S.N. 60/250,537 | 11/30/2000 | Abandoned |
| U.S.S.N. 60/250,573 | 11/30/2000 | Abandoned |

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

P. Louis Myers, Reg. No. 35,965
 Sean P. Daley, Reg. No. 40,978

Laurie Butler Lawrence, Reg. No. 46,593
 Tu N. Nguyen, Reg. No. 42,934

Address all telephone calls to TU N. NGUYEN at telephone number (617) 542-5070.

Address all correspondence to LOUIS MYERS at:

FISH & RICHARDSON P.C.
 225 Franklin Street
 Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: ROBERT R. GONNELLI

Inventor's Signature: Robert R. Gonneli

Date: 6/6/02

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Citizenship: U.S.A.

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Full Name of Inventor: DAVID LIPSON

Inventor's Signature: _____

Date: _____

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No. Andover, MA

Citizenship: U.S.A.

Post Office Address: 131 Pheasant Brook Rd.

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Full Name of Inventor: VASU NISHTALA

Inventor's Signature: V. Nishlak.

Date: 6/6/02

Residence Address: 12 Morrison Lane

Westford, MA

Citizenship: ~~U.S.A.~~ INDIA V. Nishlak.

Post Office Address: 12 Morrison Lane

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Full Name of Inventor: CIRO DIMEGLIO

Inventor's Signature: Ciro Dimeglio

Date: 6/6/02

Residence Address: 36A Bailey Road

Shrewsbury, MA 01545

Citizenship: U.S.A.

Post Office Address: 36A Bailey Road

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Inventor's Signature: _____

Date: _____

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Citizenship: U.S.A.

Post Office Address: 115 Franklin Turnpike
Mahwah, NJ 07430

Full Name of Inventor: DAVID LIPSON

Inventor's Signature:  _____

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Residence Address: 131 Pheasant Brook Rd.
No. Andover, MA

Citizenship: U.S.A.

Post Office Address: 131 Pheasant Brook Rd.
No. Andover, MA 01845

Full Name of Inventor: VASU NISHTALA

Inventor's Signature: _____

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Residence Address: 12 Morrison Lane
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